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Progress towards implementation of the Declaration of Commitment on HIV/AIDS

Report of the Secretary-General

Summary

The present report is submitted pursuant to paragraph 100 of the Declaration of Commitment on HIV/AIDS (General Assembly resolution S-26/2, annex), adopted by the Assembly at its special session on the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) on 27 June 2001.

The year 2003 is especially significant since it is the year in which the first of the time-bound targets set out in the Declaration of Commitment fall due. The majority targets in 2003 pertain to the establishment of an enabling policy environment, which set the stage for the programme and impact targets of 2005 and 2010.

The report is based primarily on responses provided by 100 Member States on 18 global and national indicators developed by the Joint United Nations Programme on AIDS to measure progress towards implementation of the Declaration. The regional breakdown of States that responded is as follows: sub-Saharan Africa — 29; Asia and the Pacific — 15; Latin America and the Caribbean — 21; Eastern Europe and Central Asia — 13; North Africa and the Middle East — 8; high-income countries — 14. Virtually all heavily affected countries provided information relating to policy issues addressed by the indicators. The activities cited in the report are intended to be illustrative and not a comprehensive listing of all activities that have been undertaken in order to implement the Declaration.

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There has been significant progress in the global response to HIV/AIDS since the first report of the Secretary-General of 12 August 2002 (A/57/227 and Corr.1). Virtually all heavily affected countries now have multisectoral HIV/AIDS strategic plans, as well as national AIDS councils, many of them chaired at the highest levels of government. Resources available for HIV/AIDS programmes at the country level in low- and middle-income countries have increased rapidly in recent years and are expected to total approximately $4.7 billion in 2003, including domestic as well as bilateral and multilateral spending. That figure is still less than half the estimated $10.5 billion that will be needed by 2005. A growing, but still limited number of countries have recorded reductions in infection among young people. Numerous regional political bodies have committed themselves to cross-country cooperation in the fight against the epidemic.

In important respects, however, the challenges posed by the epidemic remain as large as ever. In the most-affected countries of sub-Saharan Africa, the impact of the epidemic is becoming alarmingly more acute, as reflected in the deadly triad of food insecurity, HIV/AIDS and the loss of institutional capacity. Little progress has been made worldwide in reducing the number of new cases of HIV infection and there are indications that the global rate of infection could accelerate as the epidemic expands in Asia and Eastern Europe. Despite the growth in political commitment and resources for HIV/AIDS, globally it is estimated that:

(a) Fewer than one in four people at risk of infection are able to obtain basic information regarding HIV/AIDS;

(b) Only one in nine people seeking to know their HIV serostatus have access to voluntary counselling and testing services;

(c) Less than one in 20 pregnant women presenting for antenatal care are able to access services to prevent mother-to-child transmission of the virus;

(d) Less than 5 per cent of those who could benefit from anti-retroviral treatment are currently able to access such treatment;

(e) In the majority of countries where the sharing of equipment among injecting drug users is a major mode of HIV transmission, coverage for prevention and treatment programmes for drug users is under 5 per cent.

Women and girls now represent one half of all cases of HIV infection globally and as many as 58 per cent in Africa. Some societal norms increase their vulnerability and place a disproportionate share of the HIV/AIDS burden on women and girls.

Globally, more than 14 million children under the age of 16 have lost one or both parents to HIV/AIDS, including 11 million in sub-Saharan Africa alone. Yet 39 per cent of reporting States with generalized epidemics lack national strategies for children orphaned or made vulnerable by HIV/AIDS.

While the Declaration of Commitment on HIV/AIDS provides a framework for effective action on HIV/AIDS based on best available evidence, unprecedented resolve and intensified efforts will be required to raise the HIV/AIDS response to the level needed in order to achieve the Declaration's targets.

The present report is submitted in accordance with General Assembly resolution 57/299 of 20 December 2002, in which the Assembly requested the Secretary-General to prepare a comprehensive and analytical report on progress achieved in realizing the commitments set out in the Declaration with a view to identifying problems and constraints and making recommendations on action needed to make further progress.

I. Introduction

1. The Declaration of Commitment on HIV/AIDS (General Assembly resolution S-26/2, annex), adopted by the Assembly at its special session on the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in June 2001, represents a momentous milestone in the global struggle against the HIV/AIDS epidemic. Building on the goal set in the United Nations Millennium Declaration (resolution 55/2) to have halted by 2015 and begun to reverse the spread of HIV/AIDS, the Declaration of Commitment establishes, for the first time ever, time-bound targets to which individual Governments and the international community may be held accountable. The first of those targets fall due in 2003 and pertain to the establishment of an enabling policy environment, which sets the stage for the programme and impact targets in 2005 and 2010. Articulating a framework for an extraordinary global response, the Declaration calls for concerted action to prevent new infection and reduce vulnerability; enhance access to care, support and treatment; protect human rights and empower women; mitigate the impact of the epidemic; and mobilize sufficient resources to support those essential endeavours.

2. While the present report is based primarily on responses from Member States, supplementary information has been drawn from multiple sources, including studies commissioned by the Joint United Nations Programme on AIDS (UNAIDS) and from United Nations and United Nations partner organizations. Programme coverage will be an important focus of the Secretary-General's report in 2005, reflecting the targets due to be met that year. Therefore, while information on programme coverage is currently limited, such information is presented where available in order to establish a baseline from which future progress will be measured.

II. Implementation of the Declaration of Commitment on HIV/AIDS: key findings

A. Impact of the Declaration of Commitment

3. From civil society networks to regional coalitions of political leaders, the Declaration of Commitment on HIV/AIDS has been widely embraced as an important tool to strengthen and accelerate the global response and to increase accountability in the fight against HIV/AIDS. During the period under review, the number of Member States meeting the policy targets for 2003 set forth in the Declaration has increased significantly. However, as explained in the previous report (A/57/227 and Corr.1), many countries risk falling behind in certain aspects of the implementation of the Declaration unless action is taken immediately to put in place the policies needed to mount an effective response. As an example, nearly one in four countries have no national strategy to provide comprehensive care and support to people living with HIV/AIDS and to families affected by the epidemic. This must be addressed swiftly if progress is to be made in reducing global inequities in those areas.

B. Leadership on HIV/AIDS

4. More political leaders from both developed and developing countries expressed public commitment to the fight against HIV/AIDS in the last 12 months than in the previous year. Media coverage of HIV/AIDS has increased significantly in Eastern Europe and Asia, suggesting a higher level of overall awareness. However, too few leaders have actually taken action in those very regions where the epidemic is spreading fastest and where decisive action is likely to have the greatest impact. Concern is by no means limited to Eastern Europe and Asia, since countries from all regions reported that insufficient action at high political levels continued to impede the development of effective national responses. Political intervention at the highest level is required in many countries to ensure that obstacles to coordination, implementation and reinforcement of HIV/AIDS strategies are rapidly addressed.

C. Engaging all partners

5. The value of engaging civil society in the national response to HIV/AIDS is now universally recognized and organizations representing people living with HIV/AIDS, faith-based groups, workers' organizations and the business sector have extended the reach of essential HIV/AIDS programmes and services. However, such engagement remains inadequate. Civil society participated in the formulation of just two thirds of the country responses that provided input to the present report. Less than half of the responding countries were able to articulate the specific role played by people living with HIV/AIDS in their national response.

D. Human rights

6. Although the Declaration provides that, by 2003, all countries will have enacted, strengthened or enforced legislation to prevent discrimination against people living with HIV/AIDS and against vulnerable populations, only 62 per cent of responding States have laws and policies in place to protect against discrimination towards people living with, or affected by HIV/AIDS. Substantially fewer (38 per cent) have policies that prohibit discrimination against vulnerable populations. The stigma associated with HIV/AIDS continues to impede an effective global response to the epidemic, underscoring the importance of immediate action by States to enact and enforce the anti-discrimination policies provided for in the Declaration.

E. Resource mobilization

7. Investment in HIV/AIDS programmes in low- and middle-income developing countries grew significantly in the last 12 months and will total an estimated $4.7 billion during the present year, including national as well as international spending. As envisaged by the Declaration of Commitment, the Global Fund to Fight AIDS, Tuberculosis and Malaria is developing into a viable mechanism for financing HIV/AIDS and other health programmes in developing countries. To date, the Global Fund has received almost $4.6 billion in financial pledges and has approved proposals worth $1.5 billion in 93 countries. Funding from other sources, such as

bilateral donors and the World Bank's Multi-Country HIV/AIDS Programme, have increased as well. Recent discussions in the United States of America and among member States of the European Union have raised the bar on the size of potential pledges to fighting HIV/AIDS globally and to the Global Fund, though current financing trends still suggest that global funding for HIV/AIDS programmes will fall far short of the estimated $10.5 billion required annually by 2005.

F. Going to scale, making a difference

8. Although virtually all heavily affected countries have adopted multisectoral HIV/AIDS strategies, most are experiencing great difficulty in converting those strategies into broad-based programmes. Globally, fewer than one in four people at risk of infection were able to obtain basic information regarding HIV/AIDS. It is estimated that one in every 8 people seeking to know their HIV serostatus had access to voluntary counselling and testing services in 2001, a figure that dropped to one in 16 in sub-Saharan Africa. Worldwide, fewer than one in 20 pregnant women in prenatal settings are able to obtain services to prevent mother-to-child transmission of HIV and less than 5 per cent of those who could benefit from anti-retroviral treatment have access to the drugs. In 70 per cent of countries in which the sharing of equipment among injecting drug users constitutes a major mode of HIV transmission, coverage for prevention and treatment programmes for drug users is under 5 per cent. Although substantial evidence indicates that programmes targeting key populations, such as sex workers and men who have sex with men, are highly effective in reducing infection rates, more than one in four countries identified a need for greater attention to programmes for vulnerable populations. Among the primary impediments to programmatic reinforcement cited by countries is a shortage of financial, human and technical resources, as well as limited monitoring and evaluation capacity.

G. Assessing social and economic impact

9. Of the 42 million people estimated to be living with HIV/AIDS at the end of 2002, the vast majority were in their productive prime. At the same time that diverse sectors in heavily affected countries are called upon to strengthen their engagement in the fight against HIV/AIDS, those sectors are themselves being undermined by the epidemic. Agricultural production is declining in many heavily affected countries in sub-Saharan Africa as a result, in part, of the loss of workers to HIV/AIDS. In addition, education systems are being undermined by the loss of teachers to HIV-related illness and death. Those effects are most acute, at present, in the countries of Southern Africa, which are facing crisis conditions in the agricultural sector, serious erosion of institutional capacity and rates of HIV infection that continue to rise.

H. Women, girls and HIV/AIDS

10. Women and girls now represent one half of all cases of HIV infection globally and as high as 58 per cent of cases in Africa. Although 69 per cent of countries responding indicated that national policies provided for equal access to services

regardless of gender, women and girls continued to confront a broad range of economic, legal and social disabilities that increased their vulnerability to HIV/AIDS.

I. Children orphaned or made vulnerable by the epidemic

11. The urgent need for countries to adopt policies and programmes to respond to the needs of children orphaned or made vulnerable by HIV/AIDS noted in the report of the Secretary-General in 2002 has not been effectively addressed in the last 12 months. Thirty-nine per cent of countries with generalized epidemics — defined as adult prevalence consistently greater than one per cent in both urban and rural areas — have no formal strategy to address the needs of orphans and other vulnerable children. Many States indicated that such policies were in development.

III. Leadership

By 2003, develop multisectoral HIV/AIDS strategies, integrate HIV/AIDS into mainstream development planning and develop mechanisms to involve the private sector and civil society in the planning and implementation of HIV/AIDS strategies.*

A. National leadership

12. Continuing a trend noted in the previous report to the General Assembly on implementation of the Declaration of Commitment on HIV/AIDS (A/57/227 and Corr.1), a growing number of national leaders are speaking openly about the importance of prioritizing the fight against HIV/AIDS. In a number of countries, heads of State have spoken about the rights of people living with HIV/AIDS and regularly convene cabinet meetings on the national response to the epidemic. However, 20 per cent of responses from States, spanning all regions, expressed the view that the current level of political commitment remained insufficient to generate and sustain the extraordinary response needed to reverse the epidemic. Decisive action by political leaders is needed, especially in Asia and Eastern Europe, given the rapid growth of the epidemic in those regions. Such action has to be evident at the national, district and local levels if the trend is to be broken.

13. Ninety-four per cent of respondents reported having developed multisectoral HIV/AIDS strategies and 92 per cent of low-income countries reported having integrated HIV/AIDS into mainstream development instruments, such as poverty eradication strategies, as well as national budget allocations and sectoral development plans. Eighty-eight per cent of those responding indicated that they had national bodies that promoted coordination on HIV/AIDS between government services, the private sector and civil society. According to information collected independently by UNAIDS, the proportion of countries with national strategies and planning mechanisms increased from 78 per cent in 2002 to 93 per cent in 2003. Despite success in developing strategic HIV/AIDS frameworks, few national

* Related commitments from the Declaration of Commitment on HIV/AIDS have been summarized and are presented at the beginning of each of the following sections.

strategies have been effectively implemented, owing in large measure to inadequate financial, technical and human resources.

B. Regional and global leadership

14. Regional mobilization on HIV/AIDS continued to accelerate during the period under review. The African Centre for HIV/AIDS Management is being established to provide policy analysis among other activities to support the work of AIDS Watch Africa, a coalition of African heads of State set up to monitor implementation of the 2001 Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases. The Asia Pacific Leadership Forum on HIV/AIDS and Development, launched in August 2002 at a meeting of ministers of the States members of the Association of South-East Asian Nations, is now actively implementing its programme of action. With strong support from regional political leaders, the Pan-Caribbean Partnership established a Regional Strategic Framework for HIV/AIDS, which now guides the development of national and regional implementation and action plans. Adoption of the Programme of Urgent Response to the HIV/AIDS Epidemic at the May 2002 summit of the Commonwealth of Independent States has strengthened national responses in those States by requiring designation of senior officials with multisectoral oversight. Eminent individuals have been appointed special envoys of the Secretary-General for HIV/AIDS in Africa, Asia and the Pacific, Eastern Europe, Latin America and the Caribbean. Following announcements by the Governments of France and the United States, the members of the Group of Eight highly industrialized countries at their 2003 summit issued a call for donor countries to increase assistance to developing countries in the area of HIV/AIDS.

15. To accelerate progress in the implementation of the Declaration, various entities of the United Nations system have intensified efforts within their areas of expertise, including education, contraceptive promotion programming, orphans and vulnerable children and food security, in order to improve coordination, development of normative guidance and strategy and partnership development. United Nations theme groups on HIV/AIDS now operate in 134 countries and the United Nations country work plans increasingly reflect strengthened collaborative planning, pooling of resources and joint programming. In 2003, 29 United Nations bodies participated in the updating of the United Nations strategic plan for HIV/AIDS, identifying strategies to respond to new challenges posed by the epidemic and to increase the effectiveness of the United Nations system's response to HIV/AIDS. Spending by the United Nations system on global and regional efforts to fight the epidemic will increase by more than 50 per cent in the biennium 2004-2005. A document describing the efforts made by the United Nations system to accelerate implementation of the Declaration and a chart showing the core indicators used to monitor implementation of the Declaration are available on the UNAIDS web site (www.unaids.org).

C. Engagement of civil society partners

16. Recognizing that the response to HIV/AIDS must extend beyond Governments, the Declaration urges that mechanisms be developed at the national

and global levels to ensure the active involvement of civil society, especially people living with HIV/AIDS and the business sector.

17. Partnership forums supported by the United Nations and other stakeholders have proved to be valuable vehicles for promoting collaboration between government services, donors, civil society and the business sector. Ninety per cent of countries reported having created such forums, strengthening the participation of non-governmental sectors in national planning and decision-making on HIV/AIDS. However, civil society input appeared to have been sought in only two thirds of the cases reported for the purposes of the present document, indicating that the engagement of civil society remained inadequate.[1]

1. People living with HIV/AIDS

18. A new partnership between the International Federation of Red Cross and Red Crescent Societies and the Global Network of People Living with HIV/AIDS is being implemented in a number of countries across the world, with the goal of combating HIV/AIDS-related stigmatization and discrimination. The International Community of Women Living with HIV/AIDS, the Young Women's Christian Association and UNAIDS have begun to develop partnerships to fight stigmatization and discrimination. Despite those important developments, fewer than 40 per cent of responses mentioned a specific role or contribution of associations of people living with HIV/AIDS in national processes to implement the Declaration of Commitment.

2. Faith-based organizations

19. In May 2003, the Second International Muslim Leaders' Consultation on HIV/AIDS was held in Malaysia, signalling renewed solidarity and commitment on behalf of Islamic groups in the response to HIV/AIDS. The Consultation built on the First International Muslim Leaders' Consultation and a host of earlier activities among Islamic leaders, especially in West Africa. Churches have a long experience of caring for and counselling people with HIV/AIDS. The Anglican Church, with support from the Government of the United Kingdom of Great Britain and Northern Ireland, has made HIV/AIDS a worldwide priority, with an initial focus on strengthening the engagement of dioceses in Africa. The Lutheran World Federation, in collaboration with the Ecumenical Advocacy Alliance and the World Council of Churches, is implementing an HIV/AIDS strategy in all Lutheran churches in Africa. African-American and other United States-based churches are increasingly reaching out to Africa, offering assistance and solidarity. The worldwide Catholic organization Caritas Internationalis has worked in the field of HIV/AIDS for 16 years and is incorporating HIV/AIDS into all its programmes worldwide. Hindu communities in Africa are beginning to feel the painful impact of HIV/AIDS in their own communities and in those surrounding them and have implemented excellent programmes for care and support, especially in Durban, South Africa. Buddhist monks and nuns have in many ways set the benchmarks for actions against HIV/AIDS by religious leaders by virtue of having pioneered models of counselling and care for people with HIV/AIDS over the past 20 years. The most important work done by faith-based organizations is often not noticed, that is, helping communities understand and adjust to the realities imposed by the greatest scourge known to mankind.

3. Non-governmental organizations and AIDS service organizations

20. Throughout the world, the Declaration of Commitment is serving as an essential advocacy tool for non-governmental organizations and other community groups that seek to strengthen the response to HIV/AIDS at all levels. In the period under review, several new coalitions of non-governmental organizations and other stakeholders have been formed to promote advocacy, programmatic collaboration and HIV-related research. The CORE Initiative, for example, brings together CARE International, the International HIV/AIDS Alliance, the International Center for Research on Women, Johns Hopkins University, and the World Council of Churches. In August 2002, representatives of civil society organizations from 21 African countries launched the Pan-African HIV/AIDS Treatment Access Movement dedicated to community mobilization and advocacy aimed at achieving the target of expanding access to anti-retroviral therapy to at least 3 million people in the developing world by 2005.

4. World of work

21. In May 2003, at the Global Compact Policy Dialogue on HIV/AIDS, the International Confederation of Free Trade Unions and the International Organization of Employers issued a joint statement of commitment to the fight against the epidemic. Private sector engagement in HIV/AIDS has been strengthened by the Global Business Coalition on HIV/AIDS, which now has more than 100 corporate members that are publicly committed to HIV/AIDS, and through the creation of business councils on AIDS at the national and regional levels. During the period under review, several major employers in sub-Saharan Africa announced plans to extend health coverage to workers living with HIV/AIDS. Studies in Brazil, the Philippines and South Africa indicated that, among the largest corporations, 52, 25 and 60 per cent respectively reported having workplace policies. Worldwide, only 21 per cent of transnational companies reported having adopted HIV/AIDS workplace policies. Substantial additional commitment on the part of stakeholders in the world of work will be required to meet the Declaration's commitment of universal adoption of comprehensive HIV/AIDS workplace programmes by 2005.

IV. HIV/AIDS and human rights

By 2003 enact, strengthen or enforce legal measures to eliminate discrimination against people living with HIV/AIDS and to ensure the full enjoyment by such individuals, as well as vulnerable populations, of all human rights and fundamental freedoms, including equal access to key services.

22. The Declaration of Commitment on HIV/AIDS recognizes that the protection and promotion of human rights are core principles in an effective response to HIV/AIDS. One in four countries cited HIV/AIDS stigmatization and discrimination as key barriers to a more effective national effort against the epidemic.

23. Many countries are in danger of falling short of the Declaration's agreed targets related to human rights and HIV/AIDS. Although there has been a notable improvement since 2002, only 62 per cent of respondent countries indicated that legal measures were in place to protect people infected with or affected by HIV/AIDS from discrimination and to ensure equity of access to services. Most of

the 62 per cent, however, were referring to the existence of general anti-discrimination laws and measures rather than to specific measures targeted at people affected by HIV/AIDS. The region indicating the highest prevalence of general anti-discrimination laws in countries was Eastern Europe and Central Asia, where 80 per cent of countries reported that anti-discrimination laws were in place. Corresponding figures for Latin America and the Caribbean and developed countries were 70 per cent and 67 per cent, respectively; for North Africa and the Middle East, sub-Saharan Africa and Asia they were 50, 52 and 61 per cent, respectively.

24. Positive responses were much lower with respect to anti-discrimination measures specifically designed to protect vulnerable groups. Overall just 38 per cent of countries reported having such specific measures, with a regional breakdown ranging from a high of 50 per cent for countries of Eastern Europe and Central Asia to 12 per cent for those of North Africa and the Middle East. The corresponding breakdown for sub-Saharan Africa, Latin America and the Caribbean and developed countries was 39, 47 and 44 per cent, respectively.

25. Many States responding noted that, even where anti-discrimination measures existed, public knowledge of those measures was limited and enforcement mechanisms were lacking. While several countries, including India, Madagascar, Nepal and Viet Nam have recognized the need to review and strengthen their anti-discrimination laws, action on a much wider scale is warranted.

V. Prevention and reduction of vulnerability

A. Prevention

By 2003, establish prevention targets for young people and other groups at high risk of infection and implement universal precautions in health-care settings to prevent HIV transmission.

26. Eighty-eight per cent of countries reported that they had adopted comprehensive national prevention policies. Such national policies had not yet resulted in widespread access to key prevention interventions, however. Globally it is estimated that fewer than one in four people at risk of infection are able to obtain basic information regarding HIV/AIDS. Just one in nine people seeking to know their HIV serostatus had access to voluntary counselling and testing services in 2001. In sub-Saharan Africa, where HIV infection rates in several countries have risen beyond levels previously thought possible, access to essential prevention services is especially limited, with fewer than one in three people at risk having access to contraceptive promotion programmes and only 14 per cent having access to services to prevent and treat sexually transmitted infections. The United Nations Population Fund reports a considerable shortfall in the availability of condoms for that purpose, which, expressed in dollar terms, amounted to $80 million in 2000, the last year for which complete information is available.

27. As with programmes to provide care, support and treatment, Member States cite the lack of necessary financial, technical and human resources as the main barriers to the expansion of HIV prevention services. In high-income countries, which experienced significant declines in new cases of infection earlier in the epidemic, evidence suggests that risky behaviour and new cases of infection may be

on the rise among men who have sex with men and young heterosexuals, underscoring the importance of sustaining and reinforcing prevention efforts.

28. The inability to deliver HIV prevention programmes on the scale required represents a critical missed opportunity. Experts convened by the World Health Organization (WHO) and the UNAIDS secretariat in 2002 advised that 29 million of the 45 million new cases of infection projected to occur between 2000 and 2010 could be prevented if there were optimal implementation of existing prevention strategies. However, few countries have seen the impact of wide-reaching prevention strategies reflected in falling rates of new cases of infection. Uganda is the best example to date of a country that has seen such an impact.

29. While up-to-date information on the implementation of universal precautions in health-care settings is not readily available, the reported blood safety coverage of 96 per cent implies that, at a minimum, such measures exist at most institutions where blood services are offered. However, WHO estimates that nearly 40 per cent of injections administered for health-care purposes worldwide involve the reuse of injection equipment and that unsafe injection practices are responsible for 5 per cent of new cases of HIV infection.

B. Young people

By 2005, reduce HIV prevalence by 25 per cent among young men and women aged 15-24 in the most affected countries, and globally by 25 per cent by 2010; ensure that at least 90 per cent of young men and women by 2005, and 95 per cent by 2010, have access to information, education and life-skills programmes to reduce their vulnerability to HIV.

30. In the pursuit of those targets, 88 per cent of countries reported having adopted strategies to promote reproductive and sexual health education for young people. Life-skills education programmes were, however, at an early stage in most countries and reached only a fraction of those who needed them. As evidenced by the continuing, long-term decline in HIV prevalence among young people in Uganda and recently documented declines among young women in parts of Ethiopia and Malawi, there is growing proof that comprehensive prevention programmes can reduce rates of infection among young people.

31. Nevertheless, too few young people currently receive the services they need to avoid transmission. In all regions, prevention programmes effectively reach only a small fraction of out-of-school youth — an estimated 8 per cent in sub-Saharan Africa, 4 per cent in Latin America and the Caribbean and 3 per cent in Asia and the Pacific and Eastern Europe and Central Asia. The need for youth-oriented prevention services is particularly urgent in Eastern Europe and Central Asia, where the epidemic is growing fastest and where the vast majority of new cases of infection occur in young people. In the Commonwealth of Independent States, it is estimated that 80 per cent of new cases between 1997 and 2000 occurred in individuals under the age of 30.

C. Women and girls

By 2005, implement strategies to ensure the advancement of women and their full enjoyment of all human rights; and provide women and girls with the tools they need to protect themselves from HIV/AIDS.

32. Seventy per cent of countries reported the existence of national policies to ensure equal access to services between men and women. Equal access to services, while essential, will on its own not enable countries to reduce the vulnerability of women and girls, who often face a host of economic, legal and social constraints that impede effective risk reduction. National strategies should promote social norms that affirm gender equality, as well as enact legal and policy reforms to ensure girls' universal access to education, increase the economic power and autonomy of women and reduce the risk of violence against women and girls. Cognizant of the urgent global need to address the gender dimensions of the epidemic, UNAIDS and strategic partners are developing a major global advocacy effort to promote effective action to reduce the epidemic's burden on women and girls.

D. Prevention of mother-to-child transmission

By 2005, reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010, ensuring that 80 per cent of pregnant women accessing antenatal care obtain services to reduce the risk of mother-to-child transmission.

33. An estimated 800,000 infants contract HIV each year, either before or during pregnancy or as a result of breastfeeding. Eighty-eight per cent of responding countries worldwide, but only 78 per cent in Asia, reported having national policies in place to reduce mother-to-child transmission. Several countries, including Honduras, Thailand and Uganda, have reported progress in increasing access to services to prevent mother-to-child transmission. In Botswana, the proportion of pregnant women receiving HIV-related counselling in antenatal settings increased from 60 per cent in 1999 to 74 per cent in 2002, while the percentage of pregnant women who received preventative treatment doubled, from 30 to 60 per cent. Globally, however, access to such services is limited, especially in sub-Saharan Africa, where only about 1 per cent of pregnant women in antenatal settings were estimated to have access to prevention services in 2001.

34. MTCT-Plus, a $50 million initiative, spearheaded by Columbia University and funded by nine private sector foundations, aims to build on existing programmes to prevent mother-to-child transmission and to extend HIV care and treatment to 10,000 infected mothers, children and other family members in its first phase. As at April 2003, over 200 women and family members had begun to receive care at 12 demonstration sites.

E. Reducing vulnerability

By 2003, have in place strategies, policies and programmes that identify and begin to address factors that make individuals particularly vulnerable to HIV/AIDS.

35. Extensive experience indicates that the risk of infection is often directly related to the stigmatization and social marginalization experienced by vulnerable groups, such as injecting drug users, men who have sex with men, sex workers, out-of-school youth, mobile populations and prison inmates. Although more than 80 per cent of countries reported having policies that promoted HIV prevention and other health interventions for vulnerable populations, only 38 per cent of countries said that they had adopted measures to protect such groups from discrimination. In North Africa and the Middle East the figure was as low as 12 per cent. Fewer than one half of countries overall have national policies to provide HIV/AIDS information and health interventions to cross-border migrants. Sub-Saharan Africa (63 per cent) and Eastern Europe and Central Asia (60 per cent) were a little above average.

VI. Care, support and treatment

A. Access to essential services

By 2003, develop collaborative strategies to strengthen health-care systems, address issues pertaining to the provision of HIV-related drugs and accelerate access to comprehensive services that promote the progressive provision of the highest attainable standard of care for HIV/AIDS; and develop national strategies for the provision of psychosocial care to individuals, families and communities affected by HIV/AIDS. By 2005, make significant progress in providing comprehensive care to individuals living with HIV/AIDS and their families.

36. The Declaration of Commitment on HIV/AIDS confirms that prevention, care, support and treatment are fundamental elements of an effective response. While 77 per cent of all responses indicated the existence of national policies to deliver comprehensive HIV/AIDS care and support, 40 per cent of responding countries from Eastern Europe and Central Asia lacked such plans. One in five countries, including one in three in Asia and the Pacific, had no policy framework to increase access to HIV/AIDS-related medicines.

37. The past year has witnessed continued momentum towards greater access to treatment in low- and middle-income countries. WHO issued guidelines for expanding the provision of anti-retroviral therapies in resource-limited settings and added 10 anti-retroviral drugs to its list of essential medicines. In 2002, WHO, the UNAIDS secretariat, and the World Bank joined with leading private foundations, organizations of people living with HIV/AIDS and the Global Business Coalition on HIV/AIDS to establish the International HIV Treatment Access Coalition, which seeks to promote the international sharing of best practices on expanding access to treatment in developing countries and to catalyse technical support partnerships at the country level. The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria has awarded grants sufficient to provide anti-retroviral treatment to 500,000 people. The United States Government has embarked on a new initiative that seeks to ensure access to anti-retroviral treatment and other HIV/AIDS treatments to 2 million people in 14 countries in sub-Saharan Africa and the Caribbean.

38. Excluding Brazil, which accounts for more than one third of all people on anti-retroviral therapy in low- and middle-income countries, use of anti-retroviral drugs

in 2002 increased by 50 per cent worldwide and by approximately two thirds in sub-Saharan Africa. Access, however, remains limited in resource-poor countries and gaps in access between developed and developing countries remain enormous. Although an estimated 5.5 million people in low- and middle-income countries are considered in need of anti-retroviral therapy, only an estimated 300,000 were receiving those medicines in late 2002. While developed countries account for only 5 per cent of people infected with HIV worldwide, they account for more than 60 per cent of all people on anti-retroviral therapy.

39. Although attention has focused on expanding access to anti-retroviral treatment, other elements of comprehensive care are often not accessible to people living with HIV/AIDS. The same factors that impede expansion of anti-retroviral treatment programmes — limited infrastructure and insufficient financial, technical and human resources — also limit access to psychosocial care and to preventive and therapeutic regimens for HIV-related opportunistic diseases.

B. Children orphaned and made vulnerable by HIV/AIDS

By 2003 develop, and by 2005 implement, national policies and strategies to care for children orphaned and made vulnerable by HIV/AIDS.

40. Globally, more than 14 million children under the age of 15 have lost one or both parents to HIV/AIDS, including 11 million in sub-Saharan Africa alone. By 2010, that number is expected to increase to 25 million. Meanwhile, many other children and young people are made vulnerable by HIV/AIDS, including those who are forced to drop out of school to care for ill family members or to make up for the loss of income experienced by HIV-affected households.

41. While there appears to have been progress over the past year in development of national policies to care for orphans and other children made vulnerable by HIV/AIDS, only 60 per cent of countries reported having such policies in place. It is of particular concern that many heavily affected countries number among those which lack such policies. Among countries with adult HIV prevalence rates of at least 1 per cent among pregnant women in urban and rural areas, 28 of whom provided information, 39 per cent had no national strategy for children orphaned and made vulnerable by HIV/AIDS. Many reported that such policies were under development, however. Unless urgent action is taken, the global community will fail to meet the agreed targets.

VII. Alleviating social and economic impact

By 2003, evaluate the social and economic impact of HIV/AIDS and develop the appropriate policy responses; develop and accelerate the implementation of national poverty eradication strategies in order to address the epidemic's potential to exacerbate economic and social vulnerability; and develop a national legal and policy framework to address HIV/AIDS in the workplace.

42. In the hardest hit countries, the capacity to respond to HIV/AIDS is being undermined by the epidemic itself. As efforts intensify to strengthen the response in

the education, health and other civil service sectors, the epidemic is often decimating sectoral institutions, robbing countries and communities of human capacity when it is most needed. This is especially apparent in Southern Africa, where HIV/AIDS has rendered even more acute an already severe food crisis. Seventy-eight per cent of countries with adult HIV prevalence greater than 1 per cent have undertaken an evaluation of the epidemic's socio-economic impact.

43. Addressing the sectoral impact of HIV/AIDS requires advance evidence-based planning and access to financial and technical resources for key sectors. During the period under review, the World Bank, the United Nations Development Programme and others have provided assistance to countries to perform economic analyses of the epidemic's impact. With such external assistance, Malawi has studied the impact of HIV/AIDS on the public sector. WHO and the United Nations Educational, Scientific and Cultural Organization have developed frameworks for strengthening the capacity of the health and education sectors to respond to HIV/AIDS and the International Labour Organization (ILO) continues to work with its tripartite constituents to encourage implementation of the ILO Code of Practice on HIV/AIDS and the World of Work.

VIII. Research and development

By 2003, ensure that all research protocols are evaluated by an independent ethics committee.

44. In the absence of a cure or a preventive vaccine, HIV/AIDS-related research and development remains a pressing global priority. The Declaration calls on countries to accelerate investment in HIV vaccine research, strengthen national research and development capacity, increase global research collaboration on HIV/AIDS and ensure that HIV/AIDS-related research trials are conducted in accordance with recognized ethical standards and guidelines. Seventy per cent of countries reported that such policies were in place.

45. Research developments over the last year provide cause for hope, but also underscore the challenges that remain. Although results from the first-ever vaccine efficacy trial failed to demonstrate efficacy for the overall population studied, the trial nevertheless provided useful lessons on the conduct of large-scale trials of candidate vaccines. Global funding for HIV vaccine research in 2001 was estimated at approximately $470 million, which includes contributions from Governments, multilateral institutions, non-governmental organizations and the pharmaceutical industry. The National Institutes of Health of the United States provided an estimated $269 million of that total, a figure that is expected to increase to $422 million in 2003.

46. To date, the task of microbicide research and development has fallen to non-profit research institutes, academic institutions and small biotech companies and those efforts have been supported in large part by grants from the United States Government, which totalled $62 million in 2001. Six microbicide candidates are scheduled to enter large-scale effectiveness trials in the near future. The Rockefeller Foundation estimates that approximately $775 million is needed over the next five years, in order to generate a safe and effective product by 2010.

IX. HIV/AIDS in conflict- and disaster-affected regions

By 2003, have in place national strategies to address HIV/AIDS among national uniformed services; and develop and begin to implement national strategies that incorporate HIV/AIDS awareness, prevention, care and treatment elements into responses to emergency situations.

47. Security Council resolutions 1308 (2000) and 1325 (2000) preceded the adoption of the Declaration of Commitment on HIV/AIDS and focused on the provision of education and training to international peacekeepers. Consistent with that mandate, UNAIDS developed HIV/AIDS awareness and prevention strategies for peacekeepers, including the distribution to peacekeepers of HIV/AIDS information (translated into 11 languages), as well as technical materials to support the integration of HIV/AIDS into training protocols.

48. Seventy-eight per cent of countries reported having developed policies for uniformed services and in most cases they had been integrated into national HIV/AIDS plans and strategies. This represents a significant improvement over 2002: only 25 per cent of countries in sub-Saharan Africa reported having such policies in 2002, while 90 per cent indicated in 2003 that such policies were in place.

49. Of 54 countries responding to a separate UNAIDS survey carried out in early 2003, only 16 (29 per cent) reported coordinated action between the national emergency relief structure and the national HIV/AIDS coordinating mechanism. While humanitarian organizations were reported to have implemented HIV/AIDS workplace policies and programmes in just under half of the reporting countries, the figures for Africa were much higher, at 75 per cent.

X. Resources

By 2005, through a series of incremental steps, reach an overall target of annual expenditure on the epidemic of between $7 billion and $10 billion in low- and middle-income countries and those countries experiencing or at risk of rapid expansion of the epidemic.

Mobilizing sufficient resources

50. The Declaration of Commitment on HIV/AIDS reflects the global recognition that an effective response to HIV/AIDS will require an unprecedented mobilization of resources. Under the Declaration, resources for HIV/AIDS programmes in low- and middle-income countries should reach between $7 billion and $10 billion in 2005. Analyses in late 2002 by experts convened by UNAIDS indicated that the level of resources needed to mount an effective global response would be even greater in subsequent years. According to those later projections, achieving optimal coverage for basic prevention, care, support and treatment interventions in low- and middle-income countries would require annual outlays of at least $10.5 billion by 2005 and almost $15 billion by 2007. Those targets exclude investments in essential infrastructure to support HIV/AIDS programmes.

51. Funding for HIV/AIDS programmes in developing countries has increased from less than $300 million in 1996 to approximately $4.7 billion in 2003. Even with such important increases, substantial new funding will be required to meet the global resource targets. More than a doubling of 2003 disbursements will be needed to meet the 2005 target and a three fold increase will be required by 2007.

52. Although the challenge of mobilizing such resources is enormous, there are signs that the global community is increasingly prepared to act. One important step was the creation of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, called for in the Declaration, which represents a critical new channel to finance expanded national responses to AIDS. To date, the Global Fund has received $4.6 billion in financial pledges and has approved proposals worth $1.5 billion for activities in 92 countries. Of the funds approved so far, 65 per cent is to be used for HIV/AIDS programmes. The volume of proposal requests is increasing, making the potential shortfall of readily available funds a serious concern. An estimated $3 billion is needed by the end of 2004 in order for the Global Fund to be able to fully fund the country proposals it expects to approve in future rounds.

53. From the outset, the United Nations system has devoted time and effort to the concept and creation of the Global Fund under the patronage of the Secretary-General. The UNAIDS secretariat and its cosponsors continue to provide essential support to countries in their efforts to access resources of the Fund, including supporting the establishment of country coordination mechanisms and the development of sound proposals and implementation where this has begun. UNAIDS also provides technical and policy support at the global level in several areas. The recently concluded memorandum of understanding between UNAIDS and the Global Fund highlights their complementary strengths and commitment to help countries maximize the effective use of the important new resources.

54. Certain bilateral donors have significantly increased their support for HIV/AIDS programmes and the World Bank is committing more than $1.1 billion for HIV/AIDS efforts in sub-Saharan Africa and the Caribbean over a multi-year period. The latest available information indicates that annual United Nations spending on HIV/AIDS totalled around $70 million in 2001, a figure that is projected to increase to $350 million in 2003.

XI. Follow-up, monitoring and evaluation

Develop appropriate monitoring and evaluation mechanisms and instruments and conduct periodic national reviews to facilitate follow-up. By 2003, establish or strengthen effective monitoring systems, where appropriate, for the promotion and protection of the human rights of people living with HIV/AIDS.

55. Intending the Declaration of Commitment on HIV/AIDS as a tool for accountability, Member States stipulated a structured follow-up process, including annual high-level General Assembly meetings to assess progress made towards implementation and to identify and address problems and constraints. The next meeting of the General Assembly is scheduled for 22 September 2003.

56. To facilitate ongoing monitoring of global progress in implementing the Declaration, UNAIDS consulted national Governments and partners to develop core

indicators relating to key provisions of the Declaration. Those indicators may be categorized as follows: (a) global indicators reflecting general considerations such as resource mobilization, engagement of transnational companies in the fight against HIV/AIDS and the effectiveness of HIV/AIDS advocacy efforts; (b) national policy and programme-related indicators; and (c) impact indicators that reflect the targets for 2005 and 2010. For those indicators, UNAIDS commissioned studies and consulted other data sources. Conclusions from those exercises are, where appropriate, summarized in the present report.

57. For each of the indicators, countries in collaboration with UNAIDS, United Nations partners, bilateral donors and researchers are in the process of establishing relevant baselines, as well as refining existing protocols for collecting pertinent data. The results of their efforts will be described in an expanded report by UNAIDS to be issued in September 2003, future annual reports of the Secretary-General and regular reports issued by UNAIDS.

58. Countries frequently cited their limited capacity for monitoring and evaluation as impeding their ability to provide information relevant to the national indicators. Although building sufficient capacity at the country level for monitoring and evaluation remains a challenge, substantial progress has been made in the period under review. The Global HIV/AIDS Monitoring and Evaluation Support Team, housed at the World Bank, has been established to support monitoring and evaluation efforts at the country level. UNAIDS is prioritizing the mobilization of resources for country-level monitoring and evaluation in its budget for the biennium 2004-2005.

XII. Recommendations

59. Several Member States risk falling short of the commitments for 2003 agreed to in the Declaration of Commitment on HIV/AIDS. With support from the highest levels of government, countries should immediately assess their national policies in relation to the Declaration's provisions for 2003 and accelerate the development and implementation of policies needed to come into compliance with it. Special emphasis must be placed on the following areas:

(a) ***National leadership.*** **Assertive political leadership and effective action is required, especially in Asia and the Pacific and in Eastern Europe and Central Asia, to prevent a major expansion of HIV/AIDS. Although political commitment to fighting HIV/AIDS has increased significantly in recent years, too few political leaders are aggressively leading national efforts to respond to the epidemic;**

(b) ***Engagement of civil society, especially people living with HIV/AIDS.*** **Member States should prioritize the involvement of people living with HIV/AIDS and of civil society in general. All companies should apply the ILO Code of Practice on HIV/AIDS and the World of Work. Although the response to HIV/AIDS now extends well beyond ministries of health in most countries, the engagement of important constituencies remains inadequate;**

(c) ***Human rights, stigmatization and discrimination.*** **As envisaged in the Declaration, the enactment and enforcement of national policies that address discrimination and promote the full enjoyment of human rights, especially by**

people living with HIV/AIDS, must be made priority. Stigmatization and discrimination discourage individuals from establishing their status and accessing services;

(d) *Prevention*. Efforts must be intensified to provide young people with the information, services and support that they need to protect themselves. Long-term success against the epidemic can only be achieved through the progressive reduction in the number of new cases of infection;

(e) *Women and girls*. Member States should assess and address laws, policies and practices that increase the vulnerability of women and girls. States should affirm women's equal value and status, inter alia, through strategies that enhance their economic situation and reduce the risk of gender-based violence. This is key to reducing the overall vulnerability of women and girls to HIV/AIDS. The urgency of effective cross-border collaboration to eradicate sexual trafficking cannot be overestimated;

(f) *Highly vulnerable groups*. Member States must include the adoption, implementation and enforcement of measures that reduce vulnerability by protecting rights and facilitating access to services tailored to the particular needs of highly vulnerable populations. The Declaration requires that special attention be given to the needs of such highly vulnerable groups as injecting drug users, men who have sex with men, sex workers, out-of-school youth, prison inmates and mobile populations;

(g) *Comprehensive programmes*. All Member States should develop and implement national strategies to promote the delivery of comprehensive prevention, treatment, care and support to those people living with or affected by HIV/AIDS;

(h) *Orphans*. All Member States with generalized epidemics should develop and implement national strategies that address the needs of the growing number of children orphaned and made vulnerable by the epidemic;

(i) *Funding*. To finance the global response needed to ensure achievement of the Declaration's future commitments, annual funding for HIV/AIDS programmes must increase three fold over current levels by 2005, and five fold by 2007. Momentum for increased funding for HIV/AIDS efforts must accelerate in low- and middle-income countries as well as from donors;

(j) *Capacity-building and sustainability*. Strategies aimed at building and maintaining institutional capacity must be implemented if countries are to sustain an effective response over the long term. In enhancing support for HIV/AIDS efforts, donors should prioritize technology transfer, the development of technical capacity and other mechanisms to build long-term national capacity to support an effective response;

(k) *Southern Africa*. Urgent sustained and coordinated action among a broad alliance of international donors and other stakeholders is needed to respond to crisis conditions that exist in the countries of Southern Africa. The response must match the epidemic in both its complexity and scale. The loss of institutional capacity in key national sectors threatens to accelerate the cycle between poverty, instability and heightened vulnerability;

(l) *Monitoring, evaluation and follow-up.* **National monitoring and evaluation systems must be strengthened, for which substantial technical and financial support is urgently needed. Sound policies and effective action require reliable information. Three quarters of responding States lack the capacity to monitor the epidemic and to evaluate interventions.**

Notes

[1] Given its importance, the issue of the involvement of civil society in national strategies to fight AIDS has been chosen as the topic for the informal interactive panel discussion that will be held on the special day of high-level meetings on HIV/AIDS to be organized during the fifty-eighth session of the General Assembly.